

# HIV Continuum of Care in North Carolina

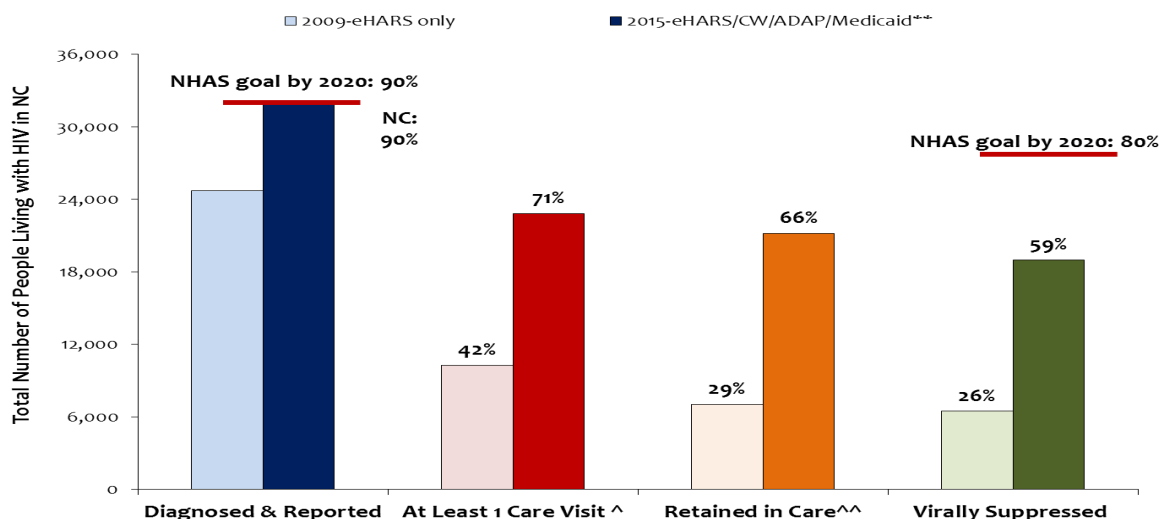
## Reported HIV Case Data, 2015



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### Viral suppression has increased among the HIV community in care

HIV Continuum of Care in North Carolina, Evaluation Years 2009 and 2015\*



\*2015 data are preliminary (do not include vital records or national death matches).

^At least 1 care marker (viral load, CD4, or ARV dispense) in a given year.

^^Retained in care is defined as being virally suppressed OR having 2 or more care visit (viral load, CD4, or ARV dispense) at least 90 days apart in a given year.

### Understanding North Carolina's HIV Continuum of Care

The HIV continuum of care is a set of measurements developed within the past few years that describes engagement in HIV Care (Gardner et al. 2011).

- For services in 2009, measures were derived from surveillance data (reported laboratory results);
- For services in 2015, more complete data were available: measures were derived from surveillance data (reported laboratory results), plus Ryan White service data (reported laboratory results), CAREWare (excluding Part A), laboratory claims from Medicaid, and antiretroviral dispenses from both the AIDS Drug Assistance Program (ADAP) and Medicaid;
- Calculations based on the number of people with last known residence as North Carolina, regardless of where they were initially diagnosed with HIV; and
- Data for 2015 are provisional only and should be interpreted with caution because they were calculated six to 12 months prior to the full follow-up time recommended by the CDC.

### Continuum of Care Key Results

The National HIV/AIDS Strategy (NHAS) for the United States released 2020 goals (see resources in sidebar). Two of the 10 indicators to monitor progress are listed below:

**NHAS Indicator 1:** Increase the percentage of people living with HIV who know their HIV status to at least 90%.

- The estimated total number of people living in North Carolina with HIV infection is 35,700; 32,130 (90%) were diagnosed and reported with HIV through 2014 while the remaining 10% were unaware they are HIV-positive.

**NHAS Indicator 6:** Increase the percentage of people virally suppressed to at least 85%.

- Among people diagnosed and reported through 2014 (as determined by documentation of labs and services in 2015), 59% were virally suppressed (viral loads less than 200 copies/mL). In states with complete reporting, 50% of people with HIV are virally suppressed (CDC 2014). In spite of incomplete lab reporting in 2014, North Carolina's viral suppression is higher than the national average.

### Want More Information?

**HIV/STD Facts and Figures web site:**  
<http://epi.publichealth.nc.gov/cd/stds/figures.html>

**Centers for Disease Control and Prevention (CDC) Information on HIV Continuum:**  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6347a5.htm>

[http://www.cdc.gov/hiv/pdf/dhap\\_continuum.pdf](http://www.cdc.gov/hiv/pdf/dhap_continuum.pdf)

**National HIV/AIDS Strategy (NHAS) for the US 2020 Goals:**  
<https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update.pdf>

### Contact Us

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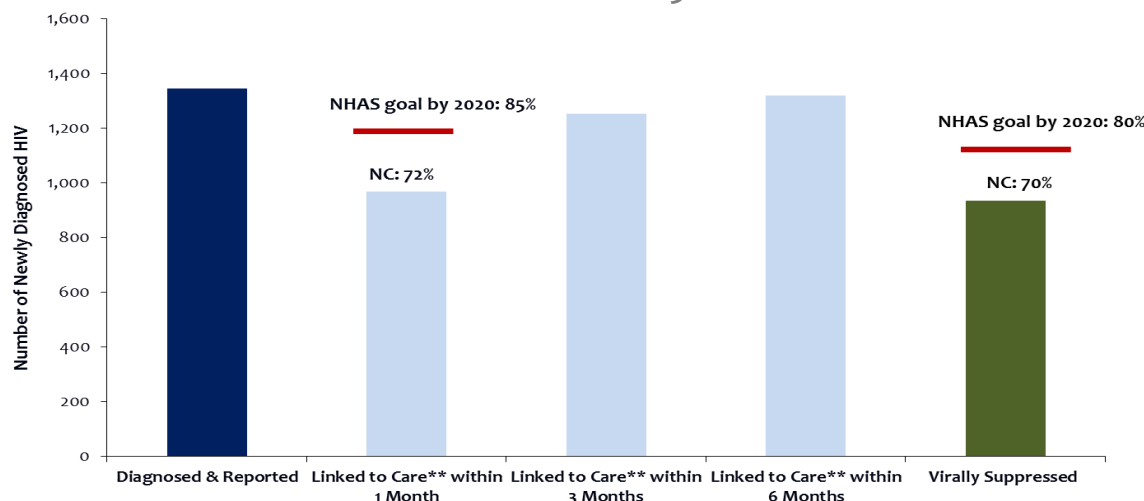


Public Health  
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# HIV Continuum of Care in North Carolina Reported HIV Case Data, 2015

**Nearly 98% of people newly diagnosed with HIV in 2015 were linked to care within 6 months of their diagnosis**

## Linkage to Care and Viral Suppression among People Newly Diagnosed with HIV in 2015



\*2015 data are preliminary (do not include vital records or national death matches). 2015 data includes labs and services from CAREWare (all Ryan White services excluding Part A), AIDS Drug Assistance Program (ADAP), and Medicaid data sources.

\*\*Linked to care is defined as having at least one additional care visit (viral load or CD4) after their initial diagnosis.

## 2015 North Carolina Newly Diagnosed HIV Infections Key Results

**NHAS Indicator 4:** Increase the percentage of newly diagnosed people linked to care within 1 month to at least 85%.

- 72% were linked to care within 1 month;
- 93% were linked to care within 3 months;
- 98% were linked to care within 6 months; and
- 70% were virally suppressed.

## What is being done to link and re-engage people in HIV care?

- State bridge counselors and regional retention staff actively look for people who have been identified as out of care and offer assistance in addressing barriers to care to facilitate re-engagement into care.

## Viral suppression among people in other North Carolina programs

- 70% of people receiving Ryan White Part B services were virally suppressed in 2015
- 83% of people receiving ADAP benefits were virally suppressed in 2015

## HIV Continuum of Care Limitations

- North Carolina law did not require laboratory reporting of all CD4+ T-lymphocyte cell count and viral load laboratory tests until halfway through 2013.
- This is the first year North Carolina has included additional labs and services from CAREWare, ADAP, and Medicaid databases in the annual continuum of care.

## National HIV/AIDS Strategy (NHAS) for the US 2020 Goals:

- Goal 1: Reducing new HIV infections
- Goal 2: Increasing access to care and improving health outcomes for people living with HIV
- Goal 3: Reducing HIV-related disparities and health outcomes

## Data Source:

enhanced HIV/AIDS Reporting System (eHARS) (data as of June 25, 2015), CAREWare (excluding Part A), AIDS Drug Assistance Program (ADAP), and Medicaid (data for calendar year 2015).

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